



PROJECT INFORMATION

This form is required to be filled out at the beginning of a project
Please fill in all shaded areas and check appropriate boxes.

		<i>ITI Glass Project Number</i>
<i>Date Submitted:</i>		
<i>Anticipated Date Glass Needed:</i>		
		Project Tax Status
		<input type="checkbox"/> Taxable <input type="checkbox"/> Tax Exempt <small>(If Exempt, Please send Tax Exempt Certificate)</small>
Customer Number: Company Name: Address: City, State, Zip Code: Country: Contact (Project Mgr): Direct/Cell Phone Number: Office Phone Number: Fax Number: Email Address:	Project Name: Address: City, State, Zip Code: County: Country: Jobsite Contact: Phone Number: Cell Phone Number: Fax Number: Email Address:	
Architect: Address: City, State, Zip Code: Country:	General Contractor: Address: City, State, Zip Code: Country:	
Owner: Address: City, State, Zip Code: Country:	Bonding Company (Surety): Address: City, State, Zip Code: Country: Name of Bonding Agent: Type of Bond: Bond Number:	
Is your contract directly with the <input type="checkbox"/> General Contractor <input type="checkbox"/> Subcontractor of G.C.		